

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>03/07/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>MT</i>	<i>59</i>	<i>03/14/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>CS</i>	<i>59227</i>	<i>4/21/00</i>
	<i>CS</i>	<i>59227</i>	<i>4/13/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11-10-00
2	✓	✓	11-10-00
3	✓	✓	11-10-00
4	✓	✓	11-10-00
5	✓	✓	11-10-00
6	✓	✓	11-10-00
7	✓	✓	11-10-00
8	✓	✓	11-10-00
9	✓	✓	11-10-00
10	✓	✓	11-10-00
11	✓	✓	11-10-00
12	✓	✓	11-10-00
13	✓	✓	11-10-00
14	✓	✓	11-10-00
15	✓	✓	11-10-00
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46	✓	✓	11-10-00
47	✓	✓	11-10-00
48	✓	✓	11-10-00
49	✓	✓	11-10-00
50	✓	✓	11-10-00

Claim	Final	Original	Date
51	✓	✓	11-10-00
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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